

编者按

以人为本看懂数字化进程中的健康传播：第 六届 MHM 国际学术研讨会论文集纵览

李臻怡、许静

每一届 MHM 会议召开之前，我们都会突然犹豫起来：还要不要举办下去了呢？毕竟，着眼于“健康传播”的会议越来越多，MHM 会不会黯淡其中呢？

但是每一届 MHM 会议举办过后，我们都觉得很有坚持下去的必要，因为我们收到的论文，不仅仅着眼于“健康传播”议题，更重要的是都呼应了 MHM 的主题，也就是“以人为本研究‘医疗’和‘媒介’对于人们‘健康传播’的影响”。这样的 MHM 结构

（Medicine-Humanity-Media，即：医疗-人文-媒介），其他会议鲜有讨论，而我们历届与会者，不论是嘉宾主旨演讲，还是各分会场的讨论，乃至展板的 poster 论文，都是对这个结构的呼应和深入探讨。

因此，我们很珍惜每一年的努力，2023 年特意创办了 Journal of MHM (JMHM) 来登载、记录 MHM 会议的成果，同时弘扬 MHM 结构对健康传播研究的贡献。这期 JMHM 收录的文章和摘要，都是来自 2023 年第六届 MHM 国际学术研讨会的。

第六届 MHM 国际学术研讨会的主题是“医疗、人文与媒介：数字化进程下的健康传播”。媒介的变迁简单地说就是一个“数字化的进程”，所以这次研讨会大部分的论文都在讨论这个问题，只是绝大多数是聚焦在今天的“数码科技”对媒介的影响上。其实，从最早语言形成后的口述、到文字发明后的笔撰、到印刷术、书籍、报刊、电报、电话、电视等技术发明后的“大众传播”、直到今天数码技术、人工智能深入我们生活的方方面面、角角落落，整个就是不断地“去模拟化”、求“程序化”、“制度化”的一个“数字化”进程（例如 Xian and Chang; Wu et al.; Tan and Xiao; 温、钟和祝；黄、高和刘）。

媒介如此变迁，带来了“群、聚”的便利，也带来了“数字鸿沟”。从人文的角度看，人类之所以如此兢兢业业、锲而不舍地创制、发展、追求一个又一个“新媒体”，其目的亘古不变，都是为了“同声相应、同气相求”，也就是说情感上的一致（例如 Chu et al.），达成“人以类聚、物以群分”的“群、聚”便利（例如 Guan and Wang；王新凯）。当然这样的聚合，带来彼此支持（例如 Gan； Cheng； Zhang； 赵、尹、李、张和张），但同时就是对他人的分离乃至隔绝，一个聚落的形成，就表明了弱势人群被边缘化、被误导、被排挤、被隔绝了（例如赖、崔和师）。更为吊诡的是，健康信息，其实分享得越透彻越好，不宜群落化，这次很多论文都提到了健康信息分享的困境（例如 Yang, Lin, and Wang； Luo, Tang, Deng, and Li； 唐、廖、王和陈； 来； 黄、陈、折、金和李； 杨； 朱、温、任等）。

由此可见，单从媒介的角度来研究健康传播，我们就比较容易陷入发现问题和提出策略的循环中，乃至面对困境带来了困惑。究其原因，我们做健康传播研究的，不能忽略“医疗”这个侧翼，如同“媒介”一样，也在不断地演化。

最初的“医疗”在于自我疗愈和亲人关爱，而在“医疗”发达的今天，越来越强调职业技能、职业操守、职业专长，越来越多地进行职业化、机构化、制度化、政策化（例如 Du； 王璐瑶； 王思彤）。“医疗”仿佛离开了“人”，走得越来越远了。

其实，这个问题在儒家视角里，就是一个“亲疏”问题，既然越来越多的陌生人介入了我们的健康管理，就势必要越要讲求“仁”、“义”、“礼”、“信”（例如刘和安）。这四个字如同粘合剂，把疏远的陌生人拉在一起，讨论涉及隐私、生死等至关重要的事情（例如马和梁； 许、贺、邹和刘； 黄； Sun）； 又如同润滑油，把因为生分、差异而带来的冲突、误解和摩擦尽量减少。

儒家强调“君子”的“德行”有五个“仁、义、礼、智、信”，如果从健康传播的视角来排序，就是个人修身层面的“智”，以及集体层面的“仁”、“义”、“礼”、“信”。个人对自身健康的关注和认识，是为“智”，对自己身心灵的疗愈、提升的行为称为“修”，我们常说“修身养性”就是从这而来。但是个人层面，尽管可以说有内心对

话，毕竟不是传统意义上说的“传播”（communication），所以较少有利用MHM理论来研究“修身”的，即便有，也是集体行为。

为什么要关注集体层面的“仁”、“义”、“礼”和“信”呢？因为两个人在一起交流，就涉及到“仁”；多人交流，熟悉的，比如同宗的要讲“孝悌”（算是狭义的“义”），又如同僚在一起就要讲“义”；和比较陌生的人就要讲究“礼（节）、礼（仪）”、就要恪守“信（用）、（诚）信”。这就说明，人际关系越生疏，交流、沟通、鼓励、督促、关怀、照顾起来，越要讲求“仁”、“义”、“礼”、“信”。

从这里我们可以看见，抱持“人本”为中心来研究健康传播的时候，不仅考虑到了“人数”的多少（例如孙、刘、魏等），还兼顾到了人与人之间“亲疏”的程度。这和儒家的“仁”、“义”、“礼”、“信”不谋而合（例如卢和刘）。

我们很高兴看见这次学术研讨会的各个论文，都从人文出发，来讨论“媒介”和“医疗”不断的“数字化进程”对于健康传播的影响。这也说明了MHM结构对于健康传播研究的解释力和开拓力，让我们更有信心协同各位作者，继续发扬光大MHM，期待更多的研究成果。

Editor's note

Humanity-Centered Understanding on Health Communication in the Process of Digitalization: A Review of the Proceedings of the 6th MHM International Conference

Li Zhenyi, Xu Jing

Before every MHM conference, we suddenly hesitate: should we continue to hold it, after all, with more and more conferences focused on "health communication", will MHM be overshadowed?

However, after each MHM conference, we felt that it was necessary to persevere, because the papers we received not only focused on the topic of "health communication", but more importantly, echoed the theme of MHM, that is, "humanity research on the impact of 'medicine' and 'media' on 'health communication'". This MHM structure (Medicine-Humanity-Media) is rarely discussed in other conferences, but our previous attendees, whether it is the keynote speeches of the guests, the discussions in the sub-sessions, or even the poster papers on the panels, echo and delve into this structure.

Therefore, we cherish the efforts made every year, and in 2023 we created the Journal of MHM (JMHM) to publish and document the results of the MHM conference, and at the same time promote the contribution of the MHM structure to health communication research. The articles and abstracts included in this issue of JMHM are all from the 6th MHM International Symposium 2023.

The theme of the 6th MHM International Symposium is "Medicine, Humanities and Media: Health Communication in the Process of Digitalization". The change of

media is simply a "digitalization process", so most of the papers in this symposium are devoted to this issue, but most of them focus on the impact of today's "digital technology" on the media. In fact, from the dictation after the formation of the earliest language, to the writing after the invention of letters, to the "mass communication" after the invention of printing, books, newspapers, telegraphs, telephones, television and other technologies, to today's digital technology and artificial intelligence penetrating into all aspects and corners of our lives, the whole process is a "digitalization" process of continuous "de-analogization", "programming" and "institutionalization" (e.g., Xian and Chang; Wu et al.; Tan and Xiao; Wen, Zhong and Zhu; Huang, Gao, and Liu).

Such changes in the media have brought about the convenience of "grouping and gathering", but also brought about the "digital divide". From a humanistic point of view, the reason why human beings are so conscientious and persevering in creating, developing, and pursuing one "new media" after another is that their purpose remains unchanged for eternity, all of which are to "respond with one voice and seek one breath", that is, to achieve emotional unity (e.g., Chu et al.) and to achieve the convenience of "gathering people by likeness and things by grouping" (e.g., Guan and Wang; Wang Xinkai). Of course, such aggregation leads to mutual support (e.g. Gan; Cheng; Zhang, Zhao, Yin, Li, Zhang, and Zhang), but at the same time, it is the separation and even isolation of others, and the formation of a settlement indicates that the disadvantaged groups are marginalized, misguided, excluded, and isolated (e.g., Lai, Cui, and Shi). What is even more paradoxical is that health information should be shared as thoroughly as possible, and it is not appropriate to be community-based, and many papers have mentioned the dilemma of health information sharing (e.g., Yang, Lin, and Wang; Luo, Tang, Deng, and Li; Tang, Liao, Wang, and Chen, Lai, Huang, Chen, Zhe, Jin, and Li, Yang, Zhu, Wen, Ren, et al.).

When we study health communication from the perspective of the media, we are more likely to fall into the cycle of discovering problems and proposing strategies, and even face difficulties and confusion. The reason for this is that when we do health communication research, we cannot ignore the wing of "medicine", which is constantly evolving, just like "media".

The original "medical care" was self-healing and family care, but today, with the development of "medical care", more and more emphasis is placed on vocational skills, professional ethics, and professional expertise, and more and more professionalization, institutionalization, and policy are carried out (e.g., Du; Wang Luyao; Wang Sitong). "Medical treatment" seems to have left "people" and gone farther and farther.

In fact, from the perspective of Confucianism, this question is a problem of "intimacy", since more and more strangers are involved in our health management, it is inevitable to pay more attention to "benevolence", "righteousness", "propriety", and "faith" (e.g., Liu and An). These four words are like a glue that pulls estranged strangers together to discuss matters of vital importance such as privacy and life and death (e.g., Ma and Liang; Xu, He, Zou and Liu; Huang; Sun), and like a lubricating oil, minimizing conflicts, misunderstandings, and friction caused by differences and differences.

Confucianism emphasizes that the "virtues" of a "gentleman" are "benevolence, righteousness, courtesy, wisdom, and faith", and if they are sorted from the perspective of health communication, they are "wisdom" at the level of individual self-cultivation, and "benevolence", "righteousness", "propriety" and "faith" at the collective level. Individuals' concern and understanding of their own health is for "wisdom", and the act of healing and improving their own body, mind and soul is called "cultivation", and we often say that "self-cultivation" comes from this. However, at the individual level, although it can be said that there is an inner dialogue, after all, it is not "communication" in the traditional sense, so it is rare to use the MHM theory to study "self-cultivation", and even if there is, it is a collective behavior.

Why should we pay attention to "benevolence," "righteousness," "propriety," and "faith" at the collective level? This is because when two people communicate together, they involve "benevolence"; when many people communicate, familiar ones, such as those of the same clan, should talk about "filial piety" (regarded as "righteousness" in a narrow sense), and those who are like colleagues should talk about "righteousness"; and those who are relatively strangers should pay attention to "etiquette" and abide by "faith". This shows that the more unfamiliar the interpersonal relationship, the more we

must pay attention to "benevolence", "righteousness", "courtesy" and "faith" in interaction, communication, encouragement, supervision, compassion, and care.

From here, we can see that when we study health communication with a "humanity-orientation", we not only consider the number of "people" (such as Sun, Liu, Wei, etc.), but also take into account the degree of "intimacy" between people. This coincides with the Confucian principles of "benevolence", "righteousness", "propriety", and "faith" (e.g., Lu and Liu).

We are glad to see that the papers of this conference discuss the impact of the continuous "process of digitalization" of "media" and "medicine" on health communication from the perspective of humanities. This also illustrates the explanatory and pioneering power of MHM structure for health communication research, which makes us more confident to cooperate with the authors to continue to carry forward MHM and look forward to more research results.